

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

PCT/US 03/01217
For receiving Office use only

PCT/US 03/01217

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) YIS-009PCT

Box No. I TITLE OF INVENTION

System And Method For Compressing The Dynamic Range Of An Image

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Yissum Research Development Company Of The
Hebrew University Of Jerusalem
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This person is also inventor.

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State (that is, country) of nationality:
Israel

State (that is, country) of residence:
Israel

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Fattal, Raanan

Jerusalem
Israel

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Jordan, Richard A.
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Teleprinter No.

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Lischinski, Dani

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Israel

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Werman, Michael

Jerusalem
Israel

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

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This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

 all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No.V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

AP ARIPO Patent: **GH** Ghana, **GM** Gambia, **KE** Kenya, **LS** Lesotho, **MW** Malawi, **SD** Sudan, **SL** Sierra Leone, **SZ** Swaziland, **TZ** United Republic of Tanzania, **UG** Uganda, **ZW** Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT

EA Eurasian Patent: **AM** Armenia, **AZ** Azerbaijan, **BY** Belarus, **KG** Kyrgyzstan, **KZ** Kazakhstan, **MD** Republic of Moldova, **RU** Russian Federation, **TJ** Tajikistan, **TM** Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: **AT** Austria, **BE** Belgium, **CH** and **LI** Switzerland and Liechtenstein, **CY** Cyprus, **DE** Germany, **DK** Denmark, **ES** Spain, **FI** Finland, **FR** France, **GB** United Kingdom, **GR** Greece, **IE** Ireland, **IT** Italy, **LU** Luxembourg, **MC** Monaco, **NL** Netherlands, **PT** Portugal, **SE** Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: **BF** Burkina Faso, **BJ** Benin, **CF** Central African Republic, **CG** Congo, **CI** Côte d'Ivoire, **CM** Cameroon, **GA** Gabon, **GN** Guinea, **GW** Guinea-Bissau, **ML** Mali, **MR** Mauritania, **NE** Niger, **SN** Senegal, **TD** Chad, **TG** Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input checked="" type="checkbox"/> AE United Arab Emirates	<input checked="" type="checkbox"/> LR Liberia	
<input checked="" type="checkbox"/> AL Albania	<input checked="" type="checkbox"/> LS Lesotho	
<input checked="" type="checkbox"/> AM Armenia	<input checked="" type="checkbox"/> LT Lithuania	
<input checked="" type="checkbox"/> AT Austria	<input checked="" type="checkbox"/> LU Luxembourg	
<input checked="" type="checkbox"/> AU Australia	<input checked="" type="checkbox"/> LV Latvia	
<input checked="" type="checkbox"/> AZ Azerbaijan	<input checked="" type="checkbox"/> MA Morocco	
<input checked="" type="checkbox"/> BA Bosnia and Herzegovina	<input checked="" type="checkbox"/> MD Republic of Moldova	
<input checked="" type="checkbox"/> BB Barbados	<input checked="" type="checkbox"/> MG Madagascar	
<input checked="" type="checkbox"/> BG Bulgaria	<input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia	
<input checked="" type="checkbox"/> BR Brazil	<input checked="" type="checkbox"/> MN Mongolia	
<input checked="" type="checkbox"/> BY Belarus	<input checked="" type="checkbox"/> MW Malawi	
<input checked="" type="checkbox"/> CA Canada	<input checked="" type="checkbox"/> MX Mexico	
<input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein	<input checked="" type="checkbox"/> NO Norway	
<input checked="" type="checkbox"/> CN China	<input checked="" type="checkbox"/> NZ New Zealand	
<input checked="" type="checkbox"/> CR Costa Rica	<input checked="" type="checkbox"/> PL Poland	
<input checked="" type="checkbox"/> CU Cuba	<input checked="" type="checkbox"/> PT Portugal	
<input checked="" type="checkbox"/> CZ Czech Republic	<input checked="" type="checkbox"/> RO Romania	
<input checked="" type="checkbox"/> DE Germany	<input checked="" type="checkbox"/> RU Russian Federation	
<input checked="" type="checkbox"/> DK Denmark	<input checked="" type="checkbox"/> SD Sudan	
<input checked="" type="checkbox"/> DM Dominica	<input checked="" type="checkbox"/> SE Sweden	
<input checked="" type="checkbox"/> EE Estonia	<input checked="" type="checkbox"/> SG Singapore	
<input checked="" type="checkbox"/> ES Spain	<input checked="" type="checkbox"/> SI Slovenia	
<input checked="" type="checkbox"/> FI Finland	<input checked="" type="checkbox"/> SK Slovakia	
<input checked="" type="checkbox"/> GB United Kingdom	<input checked="" type="checkbox"/> SL Sierra Leone	
<input checked="" type="checkbox"/> GD Grenada	<input checked="" type="checkbox"/> TJ Tajikistan	
<input checked="" type="checkbox"/> GE Georgia	<input checked="" type="checkbox"/> TM Turkmenistan	
<input checked="" type="checkbox"/> GH Ghana	<input checked="" type="checkbox"/> TR Turkey	
<input checked="" type="checkbox"/> GM Gambia	<input checked="" type="checkbox"/> TT Trinidad and Tobago	
<input checked="" type="checkbox"/> HR Croatia	<input checked="" type="checkbox"/> TZ United Republic of Tanzania	
<input checked="" type="checkbox"/> HU Hungary	<input checked="" type="checkbox"/> UA Ukraine	
<input checked="" type="checkbox"/> ID Indonesia	<input checked="" type="checkbox"/> UG Uganda	
<input checked="" type="checkbox"/> IL Israel	<input checked="" type="checkbox"/> US United States of America	
<input checked="" type="checkbox"/> IN India	<input checked="" type="checkbox"/> UZ Uzbekistan	
<input checked="" type="checkbox"/> IS Iceland	<input checked="" type="checkbox"/> VN Viet Nam	
<input checked="" type="checkbox"/> JP Japan	<input checked="" type="checkbox"/> YU Yugoslavia	
<input checked="" type="checkbox"/> KE Kenya	<input checked="" type="checkbox"/> ZA South Africa	
<input checked="" type="checkbox"/> KG Kyrgyzstan	<input checked="" type="checkbox"/> ZW Zimbabwe	
<input checked="" type="checkbox"/> KP Democratic People's Republic of Korea	Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:	
<input checked="" type="checkbox"/> KR Republic of Korea	<input type="checkbox"/>	
<input checked="" type="checkbox"/> KZ Kazakhstan	<input type="checkbox"/>	
<input checked="" type="checkbox"/> LC Saint Lucia	<input type="checkbox"/>	
<input checked="" type="checkbox"/> LK Sri Lanka	<input type="checkbox"/>	

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) 15/1/2002 (15 Jan 2002)	60/349,568	US		
item (2)				
item (3)				

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s):

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA)
(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / US

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):
Date (day/month/year) Number Country (or regional Office)

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:

request	: 4
description (excluding sequence listing part)	: 17
claims	: 6
abstract	: 1
drawings	: 1
sequence listing part of description	: _____

Total number of sheets : 29

This international application is accompanied by the item(s) marked below:

1. fee calculation sheet
2. separate signed power of attorney
3. copy of general power of attorney; reference number, if any:
4. statement explaining lack of signature
5. priority document(s) identified in Box No. VI as item(s):
6. translation of international application into (language):
7. separate indications concerning deposited microorganism or other biological material
8. nucleotide and/or amino acid sequence listing in computer readable form
9. other (specify): Check for \$240.00

Figure of the drawings which should accompany the abstract: 1

Language of filing of the international application: English

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Yissum Research Development Company of the Hebrew University of Jerusalem

By: _____

Its: _____

Printed Name: _____

Date: _____

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DT07 Rec'd PCT/PTO 15 JAN 2003

1. Date of actual receipt of the purported international application:

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

6. Transmittal of search copy delayed until search fee is paid.

2. Drawings:

received:

not received:

For International Bureau use only

Date of receipt of the record copy by the International Bureau: